

Mail completed forms and check to:
MLA Board of Certification
c/o Maine Municipal Association
Local Government Center
Augusta, Maine 04330

Attach to this form any additional information which, although not specifically requested below, would aid the Board of Certification in evaluating your qualifications.

A CHECK for \$5.00 payable to the Maine Library Association must accompany application.

[illegible]

LIBRARY EXPERIENCE	List current employment first and then all previous library work experiences. Use additional sheets if needed. Attach job description if available.			
	Library Name & Location (Town, State)	Position & No. of Persons Supervised	Date From To	
OTHER LIBRARY RELATED EXPERIENCE	Employer Name & Location (Town, State)	Position	Date From To	
SIGNATURE	I certify that, to the best of my knowledge belief, the above information is accurate.	Signed (Applicant)		
FOR BOARD OF CERTIFICATION USE ONLY	Action	Approved	Level	Date
		Disapproved		Date
	Notified			
	Reason:			
	Comments:			
	Pending:	Date:	Notified:	
	Reason:			
	Comments.			